#### Las Vegas Office

9890 South Maryland Parkway Suite 221 Las Vegas, Nevada 89183 702-486-6458

Serving Clark, Lincoln and Nye Counties



# **Carson City Office**

755 North Roop Street Suite 107 Carson City, Nevada 89701 775-687-5980

Serving all other Nevada counties

# http://www.doe.nv.gov/Educator Licensure/ license@doe.nv.gov

State of Nevada
Department of Education
Change Request Form
(Please Print Clearly)

You MUST provide a valid state-issued driver's license or ID card when requesting any changes to your educator license. Change requests received by mail must be accompanied by a copy of your valid state-issued driver's license or ID card. See below for additional documentation requirements.

# PLEASE ALLOW 15 DAYS FOR ANY REQUESTED CHANGES TO BE PROCESSED

# **TYPE OF CHANGE REQUESTED:**

(Indicate all that apply)

Name Change Address Change

**For Name Change:** Specify correct information below. As applicable, attach a copy of your state-issued driver's license/ID card, marriage certificate, court order for name change, or immigration documents showing your current/correct name. **For Address Change:** Specify correct address below. No proof of address is required.

Name:				
Last	First	MI	Previous Name	
License #:	SS#:	Da	Date of Birth:	
Address:	Ci	ity:	State: Zip:	
Email Address:		Phone Number	:	
<b>Provision Removal</b>				
I wish to remove the followin	g provisions from m	y educator license	:	
1		4		
2		5		
3		6		
			s, etc. showing satisfaction of that provi	sior
Omit License or Endorses I wish to omit the following e	•	-	orsement on a secondary license.) my Nevada educator license:	
<ul><li>Submit an applie</li><li>Submit official t</li></ul>	cation requesting the en ranscripts showing comp	dorsement be added pletion of all necessary	license at a later date, you will need to coursework	
changes	nal endorsement fee of \$		,	
I wish to make the specified	changes to my educ	cator license.		
Signature:		Date:		
	OFFICE	USE ONLY		
Processed by:		Date:_		